



STATE OF MARYLAND

DHMH

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April 1, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:12 **Reporting for the week ending 03/26/11 (MMWR Week #12)**

CURRENT HOMELAND SECURITY THREAT LEVELS

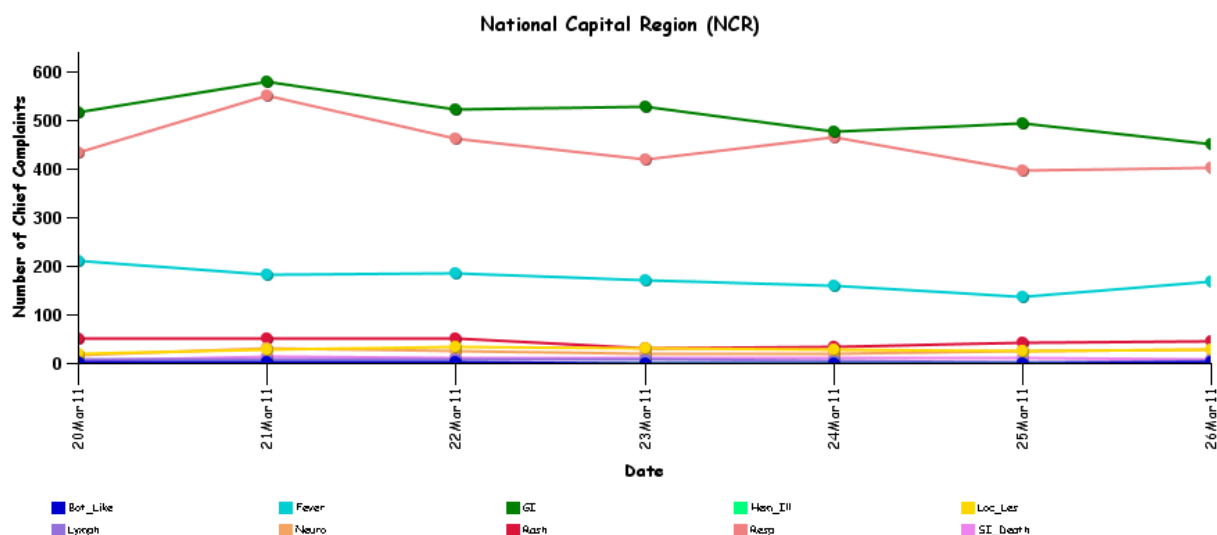
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

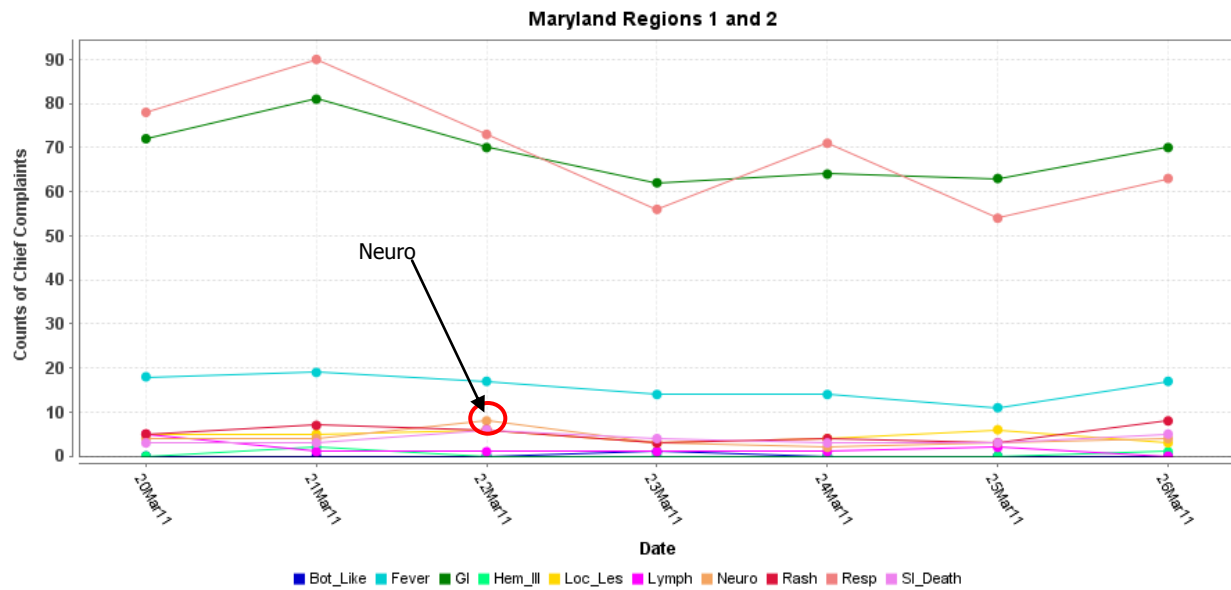
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

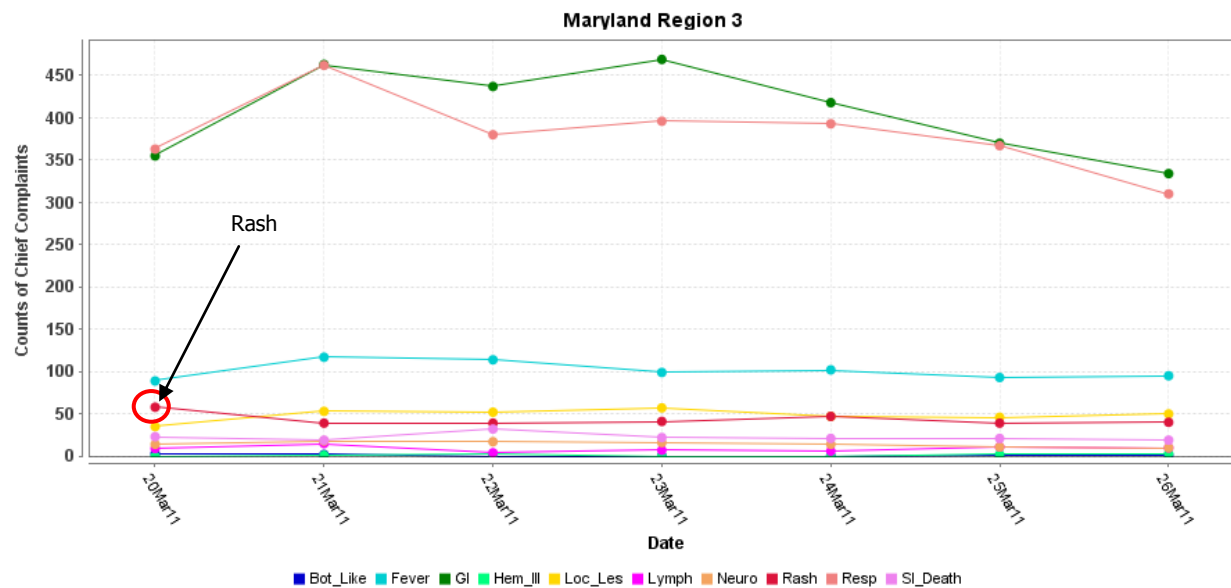


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

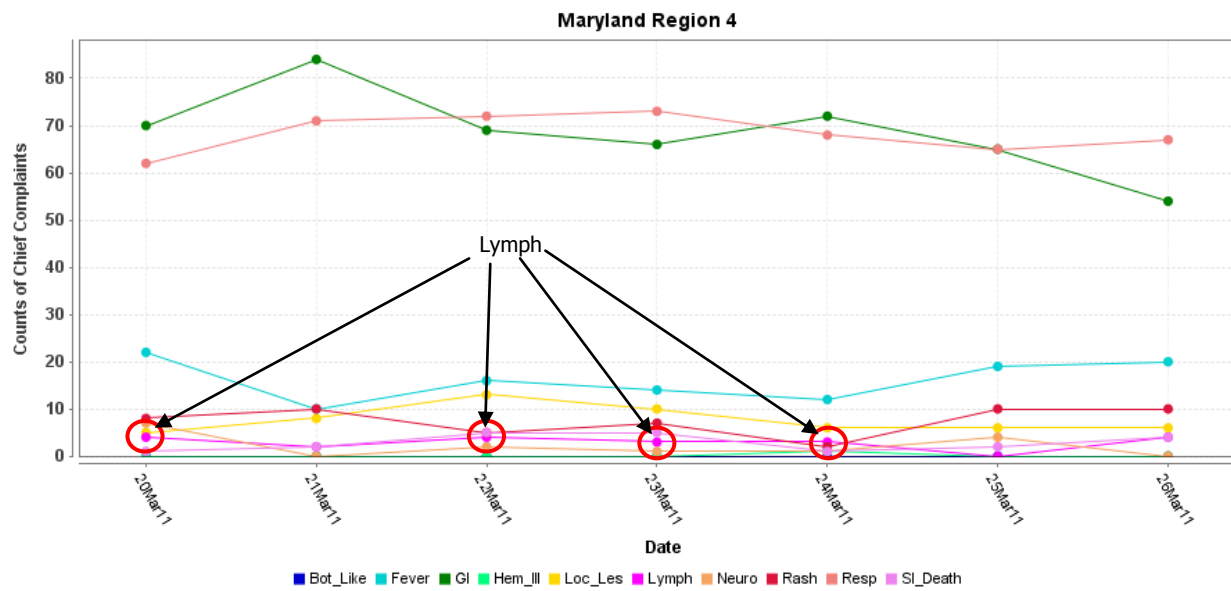
MARYLAND ESSENCE:



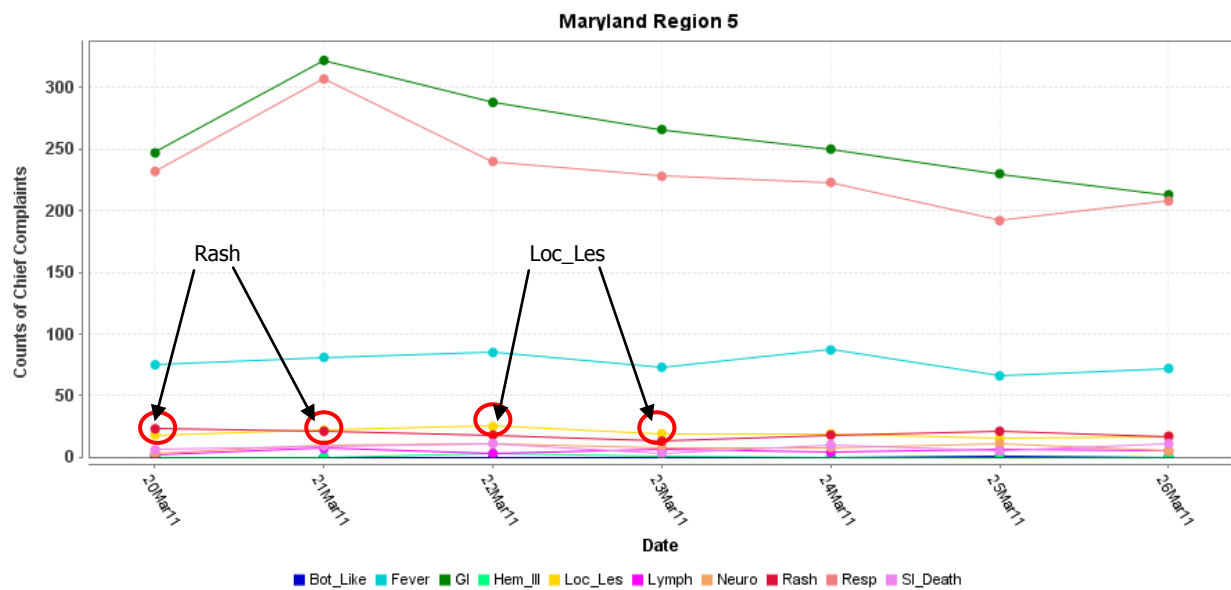
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

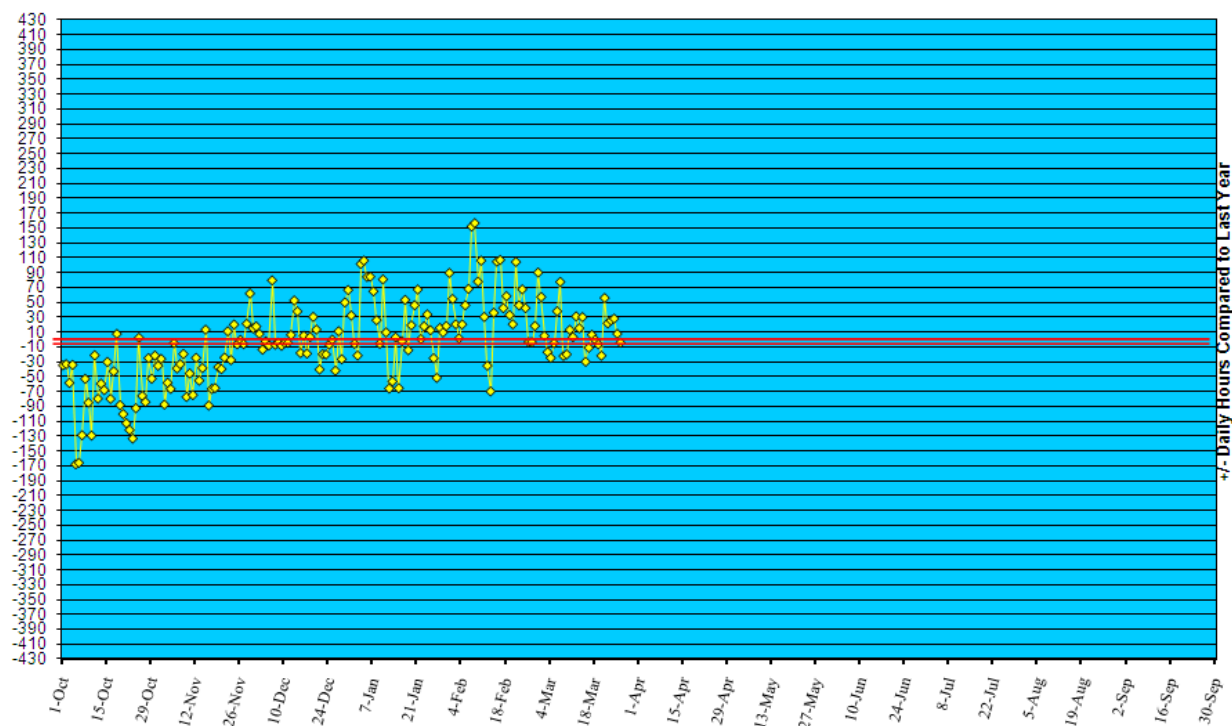


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to March 26, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

New cases (March 20 – March 26, 2011):

Prior week (March 19 – March 25, 2011):

Week#12, 2010 (March 21 – March 27, 2010):

Aseptic

8

8

9

Meningococcal

0

0

0

5 outbreaks were reported to DHMH during MMWR week 12 (March 20-26, 2011)

2 Gastroenteritis outbreaks

1 outbreak of GASTROENTERITIS in a Nursing Home
1 outbreak of GASTROENTERITIS in an Assisted Living Facility

2 Respiratory illness outbreaks

1 outbreak of INFLUENZA in a Nursing Home
1 outbreak of ILI in a Nursing Home

1 Rash illness outbreak

1 outbreak of RASH ILLNESS in a Group Home

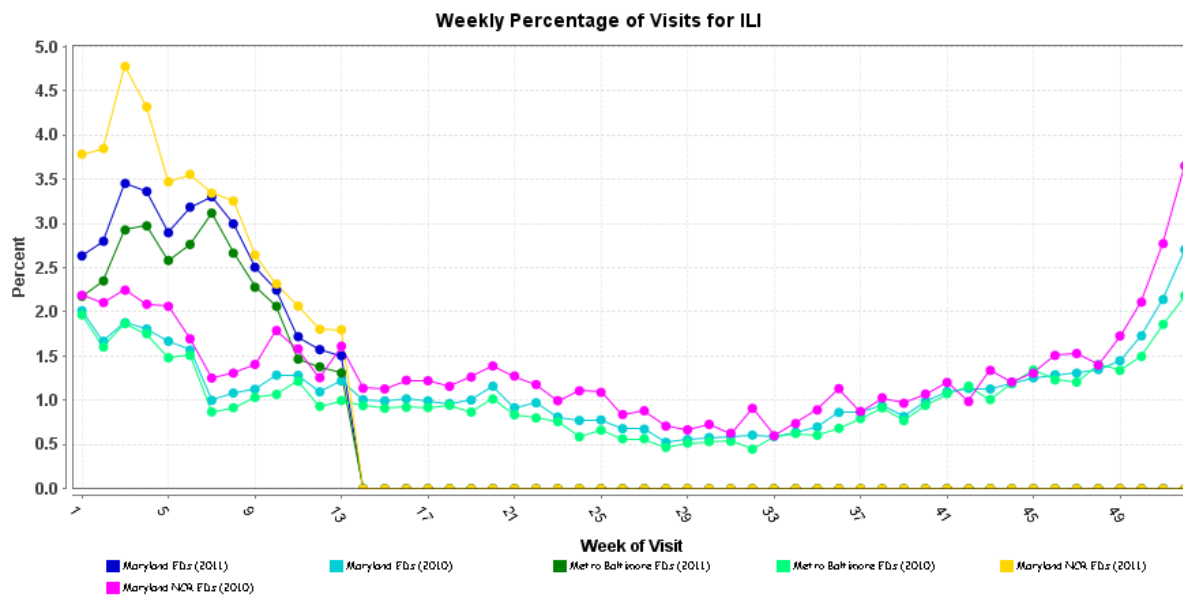
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was REGIONAL for Week 12.

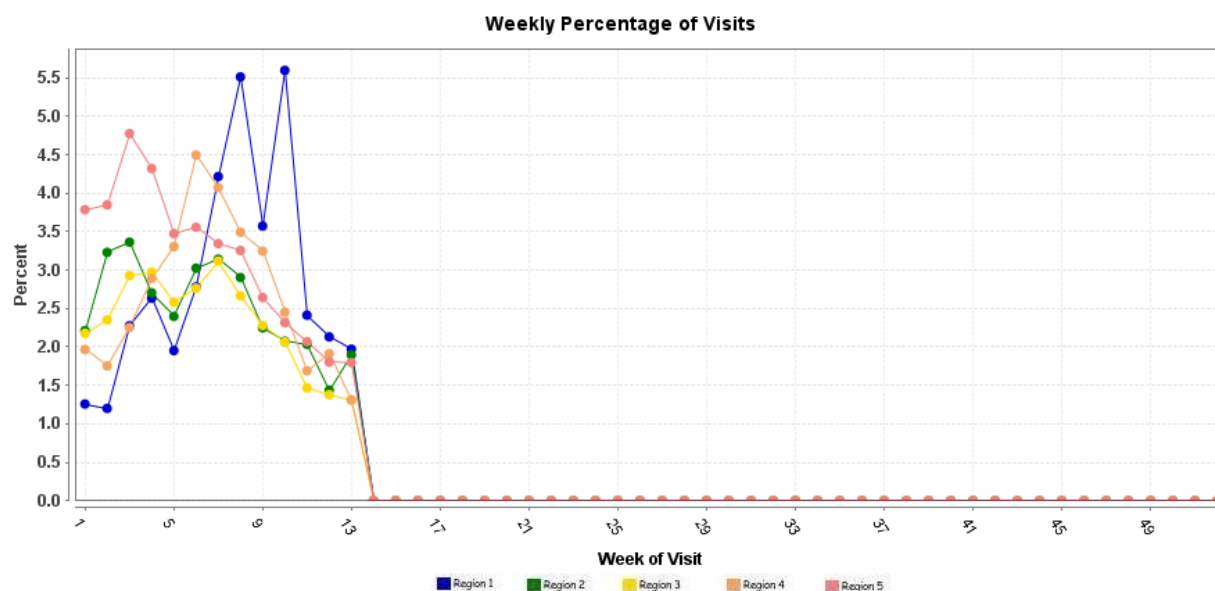
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

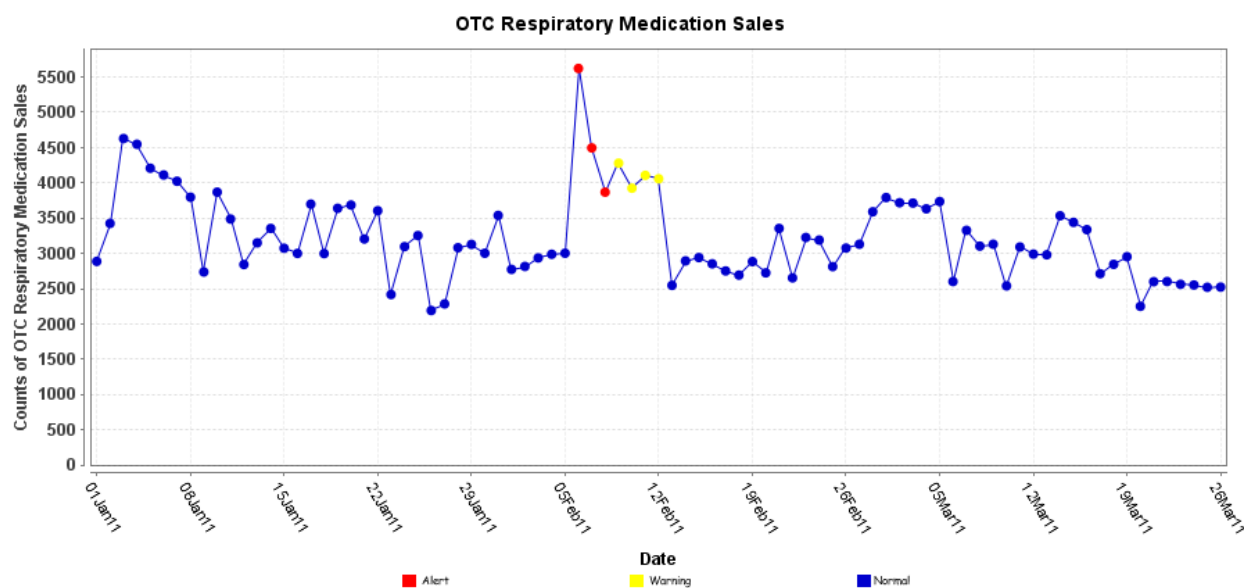


* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of March 16, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 535, of which 316 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, HUMAN (INDONESIA): 26 March 2011, The Ministry of Health of Indonesia has announced a confirmed case of human infection with avian influenza A(H5N1) virus. The case is a 2-year-old female from Bekasi City, West Java Province. She developed symptoms on 2 Mar 2011, was admitted to a health care facility on 3 Mar 2011 and referred to a hospital on 9 Mar 2011. She has fully recovered from her illness. The case's mother died of confirmed avian influenza A(H5N1) virus infection one day prior to onset of illness in the new case. The child accompanied her mother to the traditional market where live poultry were sold, but investigations into the source of infection are ongoing. Laboratory tests have confirmed infection with avian influenza A (H5N1) virus. Of the 175 cases confirmed to date in Indonesia, 144 have been fatal.

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE PANAMA (MULTI-STATE): 25 March 2011, CDC is collaborating with public health officials in a number of states, including Oregon, Washington, California, and Maryland and the Food and Drug Administration (FDA) to investigate a multistate outbreak of Salmonella [enterica serotype] Panama infections. Investigators are using DNA analysis of Salmonella bacteria obtained through diagnostic testing to identify cases of illness that may be part of this outbreak. As of 22 Mar 2011, 12 persons infected with the outbreak strain of S. Panama have been reported from Oregon (5 cases), Washington (4 cases), California (2 cases), and Maryland (1 case). Reported dates of illness onset range from 5 Feb 2011 to 23 Feb 2011. Ill persons range in age from less than 1 year to 68 years, with a median age of 12 years. 66 percent are male. Among ill persons, 2 have been hospitalized and no deaths have been reported. Collaborative investigative efforts of state, local, and federal public health and regulatory agencies have linked this outbreak to eating cantaloupe. 11 of 12 ill persons reported eating cantaloupe in the week before illness. 10 of these 11 ill persons ate cantaloupes purchased at 7 different locations of a national warehouse club. Information gathered with patient permission from membership card records helped determine that ill persons purchased cantaloupes sourced from a single farm. Product trace back information indicates these cantaloupes were harvested from a single farm in Guatemala. FDA is working closely with CDC, authorities in states where illnesses have occurred, and the firms involved to investigate the source of the contamination. On 22 Mar 2011, Del Monte Fresh Produce NA, Inc. voluntarily recalled 4992 cartons of cantaloupes, because they have the potential to be contaminated with S. Panama. The cantaloupes were distributed through warehouse clubs in Alaska, California, Colorado, Idaho, Montana, Oregon, and Washington. The recalled products consist of cartons of cantaloupes, each containing 4 plastic mesh sleeves with 3 cantaloupes per sleeve that were available for sale between 10 Mar and 21 Mar 2011. The cantaloupes, grown in and shipped from Del Monte Fresh's farm Asuncion Mita in Guatemala, have a light brown color skin on the exterior with orange flesh. The recalled cartons of cantaloupes are dark brown cardboard with the "Del Monte" logo in red lettering and "cantaloupes" in yellow lettering on a green background. The cantaloupes have the lot codes: 02-15-24-10, 02-15-25-10, 02-15-26-10, and 02-15-28-10. No illness has been linked to cantaloupes from other sources. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI O157 (MULTI-STATE): 25 March 2011, CDC is collaborating with public health officials in many states and the Department of Agriculture's Food Safety and Inspection Service (USDA/FSIS) to investigate a multistate outbreak of E. coli O157:H7 infections. Investigators are using DNA analysis of E. coli O157:H7 bacteria obtained through diagnostic testing to identify cases of illness that may be part of this outbreak. As of 22 Mar 2011, 14 persons infected with the outbreak strain of E. coli serotype O157:H7 have been reported from Maryland (3 cases), New Jersey (2 cases), North Carolina (1 case), Ohio (2 cases), and Pennsylvania (6 cases). Reported dates of illness onset range from 10 Jan 2011 to 15 Feb 2011. Ill persons range in age from 1 to 70 years, with a median age of 13.5 years. 79 percent are male. Among 13 ill persons for whom information is known, 3 or 23 percent, reported being hospitalized, and none have reported hemolytic uremic syndrome (HUS), a type of kidney failure that is associated with E. coli O157:H7 infections. No deaths have been reported. Collaborative investigative efforts of local, state, federal public health and regulatory agencies have associated this outbreak with eating Lebanon bologna. Lebanon bologna is a fermented, semi-dry sausage. This beef product has an appearance similar to salami. In an epidemiologic study conducted during 15-18 Mar 2011, a total of 13 ill persons answered questions about foods consumed during the days before becoming ill, and investigators compared their responses to those of 21 persons of similar age previously reported to state health departments with other illnesses ("controls"). Ill persons (69 percent) were significantly more likely than controls (0 percent) to report eating Lebanon bologna. Additionally, 4 ill persons have been identified who purchased Seltzer Brand Lebanon bologna at 4 different grocery store locations in 3 states before becoming ill. Palmyra Bologna Company, of Palmyra, Pennsylvania, is recalling approximately 23 000 pounds of Lebanon bologna products that may be contaminated with E. coli O157:H7. Consumers are advised to review the USDA's FSIS Recall

Press Release [see below] for a list of recalled products and images of the product. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

HANTAVIRUS (CHILE): 26 March 2011, The Corral Hospital, in the southern Chilean city of Corral, was emptied this past Thursday [24 Mar 2011] after 2 patients tested positive for fatal hantavirus [infections]. This relates to 2 women, ages 31 and 51 years, who died as a consequence of the diseases [virus] transmitted through urine and excretions of the so called long-tailed rat [long-tailed pygmy rice rat (*Oligoryzomys longicaudatus*) when they were treated in the intensive care unit of the regional hospital in the city of Valdivia. The youngest of these victims was an assistant in the unit. In addition to these, a woman of 60 years who died hours shortly before, also in Valdivia, presented with similar symptoms which, until now, have not been confirmed as related to the same disease. The Director of the Corral Hospital, Marianela Caro, said that they are evaluating the working conditions of the employees, looking for the focus of the infection. "Up until now, we have not discarded the focus of infection could be in the hospital, nor that it could be in the homes of those patients," she stated to the radio Cooperativa. In any event, the Mayor of the City, Gaston Perez, confirmed that the temporary closure of the the hospital "Is to be assured that the situation would not be as serious as one might think." (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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